



Plumbing Contractor License Application

\$100.00 Fee

Date: _____

Telephone #: _____

Social Security #: _____

Fax #: _____

Mobile Phone #: _____

Please Print

 First Name Middle Name Last Name

 Resident Address City State Zip

 Company Name Address City State Zip

 DOB: Month/Day/Year Sex Color Eyes Color Hair Height Weight

Master Plumbing License #: _____ Expiration Date: _____

Driver's License #: _____ Expiration Date: _____

FOR OFFICIAL USE ONLY

Application for the 20 calendar year. Date of Expiration: _____

Application received by: _____ Date: _____

You must have Certificate of Liability Insurance showing the City of Port Aransas as the Certificate Holder OR a \$5,000.00 minimum Surety Bond.